



Missouri Ethics Commission  
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C151053

1. DATE OF REPORT  4/15/2015	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE GREITENS FOR MISSOURI	
3. COMMITTEE MAILING ADDRESS 4579 LACLEDE AVE #138 CITY / STATE / ZIP ST LOUIS MO 63108	4. COMMITTEE TELEPHONE NUMBER  (314) 675-0197
5. TREASURER'S NAME JEFF STUERMAN	
6. TREASURER'S MAILING ADDRESS 4579 LACLEDE AVE #138 CITY / STATE / ZIP ST LOUIS MO 63108	7. TREASURER'S TELEPHONE NUMBER HOME:  WORK: (314) 675-0197
8. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS  CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME:  WORK:
11. DATE OF ELECTION 8/2/2016	12. TYPE OF ELECTION ( CHECK ONE ) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 2/18/2015 THROUGH 3/31/2015	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY  ERIC GREITENS 4522 MARYLAND AVE  ST LOUIS MO 63108  (314) 675-0197  GOVERNOR  <input type="checkbox"/> CHECK IF INCUMBENT  <input checked="" type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input checked="" type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Apr 15 2015 12:41PM _____ TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY )  I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.  ELECTRONICALLY FILED Apr 15 2015 12:41PM _____ CANDIDATE'S SIGNATURE



# Missouri Ethics Commission

## REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
GREITENS FOR MISSOURI	4/15/2015	

Receipts		A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported			\$ 0.00		
2. All Monetary Contributions Received This Period		\$ 479,689.00			
3. All Loans Received This Period		+ 0.00			
4. Miscellaneous Receipts This Period		+ 0.00			
5. <b>Subtotal</b> Monetary Receipts This Period (Sum 2A + 3A + 4A)		\$ 479,689.00			
6. In-kind Contributions Received This Period		+ 0.00			
7. <b>Total</b> All Receipts This Period (Sum 5A + 6A)		\$ 479,689.00			
8. <b>Total All Receipts This Election</b> (Sum 1B + 7A)			\$ 479,689.00		
<b>Expenditures</b>		A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported			\$ 0.00		
10. Expenditures made by cash or check this period		\$ 23,600.77			
11. In-Kind Expenditures made this period		+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)		+ 4,189.17			
13. <b>Total</b> All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)		\$ 27,789.94			
14. <b>Total Expenditures This Election</b> (Sum 9B + 13A)			\$ 27,789.94		
<b>Contributions Made</b>		A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported			\$ 0.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A	0.00	↔ Cash/Check		
	B	0.00	↔ Credit Card		
17. All In-Kind Contributions Made This Period		+ 0.00			
18. <b>Total</b> Contributions Made This Period (Sum 16A + 17A)		\$ 0.00			
19. <b>Total All Contributions Made This Election</b> (Sum 15B + 18A)			\$ 0.00		
<b>Other Disbursements</b>		A. This Period	B. This Calendar Yr or Election Cycle		
20. Funds Used For Paying Loans This Period Including Credit Card Payments		+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)		+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere		+ 0.00			
23. <b>Total Other Disbursements This Period</b> (Sum 20A + 21A + 22A)		\$ 0.00			
				24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 0.00
				25. Monetary Receipts this Period (From Item 5 - this page)	+ 479,689.00
				26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23 ) a) Disbursements By Check \$ 23,600.77 b) Disbursements By Cash \$ 0.00	- 23,600.77
				27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 456,088.23
				<b>Indebtedness</b>	
				28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
				29. Loans Received This Period	+ 0.00
				30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 4,189.17
				B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
				31. Payments Made on Loans This Period	- 0.00
				32. Debt Forgiven on Loans This Period	- 0.00
				33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
				34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 4,189.17



**MISSOURI ETHICS COMMISSION**  
**CONTRIBUTIONS AND LOANS RECEIVED**  
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE GREITENS FOR MISSOURI		2. REPORT DATE 4/15/2015	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: ADDRESS: CITY / STATE: View Supplemental Form(s) EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$  <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 479,689.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 479,689.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>MONETARY</b> CONTRIBUTIONS		\$ 479,689.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS <b>IN-KIND</b> CONTRIBUTIONS		\$ 0.00	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 479,689.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 479,689.00	



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE GREITENS FOR MISSOURI	DATE 4/15/2015
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**INSTRUCTIONS**

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Eric & Sheena Greitens CITY / STATE: 4522 Maryland Ave St. Louis MO 63108 EMPLOYER: The Greitens Group -- CEO <input type="checkbox"/> COMMITTEE:	2/24/2015 ----- \$ 50,000.00	\$ 50,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeff & Susan Stuerman CITY / STATE: 950 Weatherstone St. Charles MO 63304 EMPLOYER: Stuerman & Company LLC -- President <input type="checkbox"/> COMMITTEE:	2/25/2015 ----- \$ 25,000.00	\$ 25,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mark & Paula Bobak CITY / STATE: 15 Cricklewood Place St. Louis MO 63131 EMPLOYER: Williams Venker & Sanders -- Attorney <input type="checkbox"/> COMMITTEE:	2/25/2015 ----- \$ 25,000.00	\$ 25,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ken Harbaugh CITY / STATE: 661 W Palm Ave El Segundo CA 90245-2065 EMPLOYER: Team Rubicon -- Chief Operations Officer <input type="checkbox"/> COMMITTEE:	3/4/2015 ----- \$ 5,001.00	\$ 5,001.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Frank Kavanaugh CITY / STATE: 120 Vantis #300 Aliso Viejo CA 92656 EMPLOYER: Venture Capitalist <input type="checkbox"/> COMMITTEE:	3/4/2015 ----- \$ 50,000.00	\$ 50,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Benjamin Durham CITY / STATE: 9260 Old Bonhomme Rd. St. Louis MO 63132-4323 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/4/2015 ----- \$ 2,500.00	\$ 2,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sean McLaughlin CITY / STATE: 733 E Whitney Rd Anchorage AK 99501 EMPLOYER: Craig Taylor Equipment <input type="checkbox"/> COMMITTEE:	3/4/2015 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Scott Glabe CITY / STATE: 147 Auncient Oak Rd. Bethlehem CT 06751 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	3/4/2015 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



# MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE GREITENS FOR MISSOURI	DATE 4/15/2015
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## INSTRUCTIONS

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Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: August Busch III CITY/STATE: 1 Mid Rivers Mall Dr. EMPLOYER: St. Louis MO 63376 Retired <input type="checkbox"/> COMMITTEE:	3/5/2015 \$ 50,000.00	\$ 50,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gregory Favre CITY/STATE: 6494 Scanlan Ave. EMPLOYER: St. Louis MO 63139 St. Louis Fire Department -- Fire Captain <input type="checkbox"/> COMMITTEE:	3/9/2015 \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ralph Coti CITY/STATE: 120 E 61ST Street EMPLOYER: New York NY 10065 Coti & Sugrue -- Attorney <input type="checkbox"/> COMMITTEE:	3/9/2015 \$ 249.00	\$ 249.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Monu Joseph CITY/STATE: 1218 Coronado Dr. EMPLOYER: Laguna Beach CA 92651 Fund Manager <input type="checkbox"/> COMMITTEE:	3/9/2015 \$ 15,000.00	\$ 15,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gray Arch Income Property CITY/STATE: 1218 Coronado Dr. EMPLOYER: Laguna Beach CA 92651 <input type="checkbox"/> COMMITTEE:	3/9/2015 \$ 10,000.00	\$ 10,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert Lee Reffkin CITY/STATE: 100 Jane Street EMPLOYER: New York NY 10014 Compass -- Founder & CEO <input type="checkbox"/> COMMITTEE:	3/10/2015 \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Eric Karlovic CITY/STATE: 477 Kassie View Court EMPLOYER: Des Peres MO 63122 HLK Agency <input type="checkbox"/> COMMITTEE:	3/10/2015 \$ 25,000.00	\$ 25,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John C. Hauck CITY/STATE: 1151 Highland Pointe Drive EMPLOYER: St. Louis MO 63131 TSI Holding Company -- General Manager <input type="checkbox"/> COMMITTEE:	3/11/2015 \$ 100,000.00	\$ 100,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE GREITENS FOR MISSOURI	DATE 4/15/2015
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**INSTRUCTIONS**

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: Tim and Janet Chestnut CITY / STATE: 7209 S. South Meadows Road EMPLOYER: Spokane WA 99223 Self-Employed -- Physician <input type="checkbox"/> COMMITTEE:	3/11/2015 ----- \$ 5,000.00	\$ 5,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tim Noonan CITY / STATE: #26 Westmoreland Place EMPLOYER: St. Louis MO 63108 Boeing <input type="checkbox"/> COMMITTEE:	3/13/2015 ----- \$ 25,000.00	\$ 25,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Paul Eisenstein CITY / STATE: 4525 N 22nd Street EMPLOYER: Phoenix AZ 85016 Leadership Search Director <input type="checkbox"/> COMMITTEE:	3/13/2015 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Terry Scariot CITY / STATE: 116 Sunningdale Drive EMPLOYER: Georgetown KY 40324 Remington Partners <input type="checkbox"/> COMMITTEE:	3/16/2015 ----- \$ 10,000.00	\$ 10,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kathleen Harbaugh CITY / STATE: 789 Backhaus Rd. EMPLOYER: Pipe Creek TX 78063 Triple H Equitherapy <input type="checkbox"/> COMMITTEE:	3/19/2015 ----- \$ 5,500.00	\$ 5,500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: George H. Walker III CITY / STATE: 19 Portland Place EMPLOYER: St. Louis MO 63108 Retired Ambassador <input type="checkbox"/> COMMITTEE:	3/23/2015 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gregg Berdy CITY / STATE: 12990 Manchester Road EMPLOYER: Des Peres MO 63131 Ophthalmology Associates -- Ophthalmologist <input type="checkbox"/> COMMITTEE:	3/25/2015 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Karen Meara CITY / STATE: 643 Willow Lake Court EMPLOYER: Weldon Spring MO 63304 RN / Homemaker <input type="checkbox"/> COMMITTEE:	3/25/2015 ----- \$ 25,000.00	\$ 25,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE GREITENS FOR MISSOURI	DATE 4/15/2015
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**INSTRUCTIONS**

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Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: George H. Walker III CITY / STATE: 19 Portland Place St. Louis MO 63108 EMPLOYER: Retired Ambassador <input type="checkbox"/> COMMITTEE:	3/25/2015 ----- \$ 10,000.00	\$ 9,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: William Coppel CITY / STATE: 85 Waterman Place St. Louis MO 63112 EMPLOYER: FirstClearing -- Managing Director <input type="checkbox"/> COMMITTEE:	3/25/2015 ----- \$ 5,000.00	\$ 5,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rodney and Silvette Bullard CITY / STATE: 592 Kenion Forest Way Lilburn GA 30047 EMPLOYER: Chick-fil-a -- VP <input type="checkbox"/> COMMITTEE:	3/26/2015 ----- \$ 5,001.00	\$ 5,001.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Marsha Koski CITY / STATE: 49 Stoneyside Lane Olivette MO 63132 EMPLOYER: Requested -- Requested <input type="checkbox"/> COMMITTEE:	3/27/2015 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: A. Robert Greitens CITY / STATE: 13320 Windbrooke Lane St Louis MO 63146 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/27/2015 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rebecca Greitens CITY / STATE: 13320 Windbrooke Lane St Louis MO 63146 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	3/27/2015 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Keith Pellegrini CITY / STATE: 11702 Tumbrel Court Fairfax VA 22030 EMPLOYER: DOD -- U.S. Army <input type="checkbox"/> COMMITTEE:	3/31/2015 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Terry Franc CITY / STATE: 19 Briar Cliff Drive St Louis MO 63124 EMPLOYER: Self-Employed -- Contractor <input type="checkbox"/> COMMITTEE:	3/31/2015 ----- \$ 5,000.00	\$ 5,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)





MISSOURI ETHICS COMMISSION  
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE GREITENS FOR MISSOURI	DATE 4/15/2015
--	-------------------

**INSTRUCTIONS**

**PURPOSE:** The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
<b>3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)</b> NAME: ADDRESS: John Crowley CITY / STATE: 15 Leonard Court Princeton NJ 8540 EMPLOYER: AMICUS Therapeutics -- CEO <input type="checkbox"/> COMMITTEE:	3/31/2015 ----- \$ 10,000.00	\$ 10,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tom Borda CITY / STATE: 1145 W Lill Avenue Chicago IL 60614 EMPLOYER: Competitor Group -- Marketing/Sales <input type="checkbox"/> COMMITTEE:	3/31/2015 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mason Fink CITY / STATE: 704 E Maple Ave Orange CA 92866 EMPLOYER: Self -- Consultant <input type="checkbox"/> COMMITTEE:	3/31/2015 ----- \$ 10,000.00	\$ 10,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sally Coleman CITY / STATE: 15111 Isleview Dr Chesterfield MO 63017 EMPLOYER: Requested -- Requested <input type="checkbox"/> COMMITTEE:	3/31/2015 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nancy Martin CITY / STATE: 7122 Northmoor Drive St Louis MO 63105 EMPLOYER: Homemaker <input type="checkbox"/> COMMITTEE:	3/31/2015 ----- \$ 1,000.00	\$ 1,000.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Paul Turkeltaub CITY / STATE: 9112 Fall River Lane Potomac MD 20854 EMPLOYER: Retired -- Retired <input type="checkbox"/> COMMITTEE:	3/31/2015 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Martinich-Sauer CITY / STATE: 1225 Claytonia Terrace Richmond Heights MO 63117 EMPLOYER: Clark & Sauer, LLC -- Attorney <input type="checkbox"/> COMMITTEE:	3/31/2015 ----- \$ 163.00	\$ 163.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

**TOTAL: ITEMIZED CONTRIBUTIONS**

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)





**MISSOURI ETHICS COMMISSION**  
**EXPENDITURES AND CONTRIBUTIONS MADE**  
 Instructions on Reverse Side

Office Use Only

1. Name of Committee GREITENS FOR MISSOURI		2. Report Date 4/15/2015	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 0.00
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 0.00
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address: View Supplemental Form(s)			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page ( Sum Column 11)			\$ 0.00
13. Subtotal: Any Attached Pages			+ 27,789.94
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 27,789.94
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 27,789.94
16. Amount of Line 15 Above which was Paid Out This Period			\$ 23,600.77
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 4,189.17
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



**MISSOURI ETHICS COMMISSION**  
**ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM**

OFFICE USE ONLY

NAME OF COMMITTEE GREITENS FOR MISSOURI		REPORT DATE 4/15/2015	
<b>ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b> NAME AND ADDRESS OF RECIPIENT		DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID) AMOUNT THIS PERIOD
NAME: Deluxe Business Systems ADDRESS: P.O. Box 64468 CITY/STATE: St. Paul MN 55164		2/18/2015	Checks \$ <input checked="" type="checkbox"/> PAID 125.63 <input type="checkbox"/> INCURRED
NAME: St. Louis Office Furniture ADDRESS: 419 East Gano CITY/STATE: St. Louis MO 63147		3/2/2015	Office Furniture \$ 2,631.20 <input checked="" type="checkbox"/> PAID 2,631.20 <input type="checkbox"/> INCURRED
NAME: Mental Health Associates PC ADDRESS: 14 Hortense Place CITY/STATE: St. Louis MO 63108		3/4/2015	Rent \$ <input checked="" type="checkbox"/> PAID 3,800.00 <input type="checkbox"/> INCURRED
NAME: Daniel Laub ADDRESS: 6621 Wise Avenue CITY/STATE: St. Louis MO 63139		3/4/2015	Campaign Worker \$ 6,509.82 <input checked="" type="checkbox"/> PAID 5,000.00 <input type="checkbox"/> INCURRED
NAME: OfficeMax ADDRESS: Office Max #1159 154 THF Boulevard CITY/STATE: Chesterfield MO 63005		3/5/2015	Office Supplies \$ 461.37 <input checked="" type="checkbox"/> PAID 461.37 <input type="checkbox"/> INCURRED
NAME: Best Buy ADDRESS: Best Buy #143 178 THF Boulevard CITY/STATE: Chesterfield MO 63005		3/5/2015	Office Equipment \$ 892.80 <input checked="" type="checkbox"/> PAID 892.80 <input type="checkbox"/> INCURRED
NAME: Best Buy ADDRESS: Best Buy #143 178 THF Boulevard CITY/STATE: Chesterfield MO 63005		3/5/2015	Office Equipment \$ 1,044.66 <input checked="" type="checkbox"/> PAID 151.86 <input type="checkbox"/> INCURRED
NAME: Michael Hafner ADDRESS: 1001 Raritan Apt 304 CITY/STATE: St. Louis MO 63119		3/5/2015	Campaign Worker \$ 4,000.00 <input checked="" type="checkbox"/> PAID 4,000.00 <input type="checkbox"/> INCURRED
NAME: City of St. Louis ADDRESS: City Hall 1200 Market St CITY/STATE: St. Louis MO 63103		3/6/2015	Permit fees \$ <input checked="" type="checkbox"/> PAID 160.00 <input type="checkbox"/> INCURRED
NAME: Carrollton Bank ADDRESS: 7911 Forsyth Blvd CITY/STATE: Clayton MO 63105		3/9/2015	Incoming wire fees \$ 40.00 <input checked="" type="checkbox"/> PAID 40.00 <input type="checkbox"/> INCURRED
NAME: American Airlines ADDRESS: 4333 Amon Carter Blvd CITY/STATE: Ft. Worth TX 76155		3/10/2015	Air Travel \$ <input checked="" type="checkbox"/> PAID 629.70 <input type="checkbox"/> INCURRED
NAME: Left Bank Books ADDRESS: 399 N Euclid CITY/STATE: St. Louis MO 63108		3/10/2015	Publications \$ <input checked="" type="checkbox"/> PAID 2,994.24 <input type="checkbox"/> INCURRED
NAME: HOTELS.COM ADDRESS: 10440 North Central Expressway CITY/STATE: Dallas TX 75231		3/12/2015	Travel Accomodations \$ 299.11 <input checked="" type="checkbox"/> PAID 299.11 <input type="checkbox"/> INCURRED
NAME: Michael Hafner ADDRESS: 1001 Raritan Apt 304 CITY/STATE: St. Louis MO 63119		3/23/2015	Reimburse Travel - see addendum \$ <input checked="" type="checkbox"/> PAID 806.71 <input type="checkbox"/> INCURRED
NAME: Michael Hafner ADDRESS: 1001 Raritan Apt 304 CITY/STATE: St. Louis MO 63119		3/23/2015	Campaign Worker \$ 8,806.71 <input checked="" type="checkbox"/> PAID 4,000.00 <input type="checkbox"/> INCURRED
<b>TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b> <b>(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)</b>			\$ --



# MISSOURI ETHICS COMMISSION

## ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE GREITENS FOR MISSOURI		REPORT DATE 4/15/2015	
<b>ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS</b>			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: USPS ADDRESS: Marian Oldham Station CITY / STATE: 4021 LaClede St. Louis MO 63108	3/25/2015	Postage \$	\$ 2.86 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: USPS ADDRESS: Marian Oldham Station CITY / STATE: 4021 LaClede St. Louis MO 63108	3/25/2015	Postage \$	\$ 68.97 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Office Depot ADDRESS: Office Depot #2529 CITY / STATE: 4061 Lindell Blvd St. Louis MO 63108	3/25/2015	Office Supplies \$ 194.29	\$ 194.29 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Piyrx, Inc. ADDRESS: 144 Second Street CITY / STATE: San Francisco CA 94105	3/31/2015	Credit Card Processing \$	\$ 21.38 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: Daniel Laub ADDRESS: 6621 Wise Ave CITY / STATE: St Louis MO 63139	3/4/2015	Reimburse Expenses - See Addendum \$	\$ 1,509.82 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --



Missouri Ethics Commission  
**ADDENDUM STATEMENT**

M.E.C. ID NO. C151053

INSTRUCTIONS ON REVERSE SIDE

PURPOSE: Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report.

General Addendum:

Expenses for Daniel Laub on March 4, 2015: office supplies = 138.44; telecommunications = \$274.06; Mileage = 524.23; Transportation, Lodging and Meals = 573.09

General Addendum:

Expenses for Michael Hafner on March 23, 2015: mileage = 431.25; lodging = 339.46; parking = 36.00